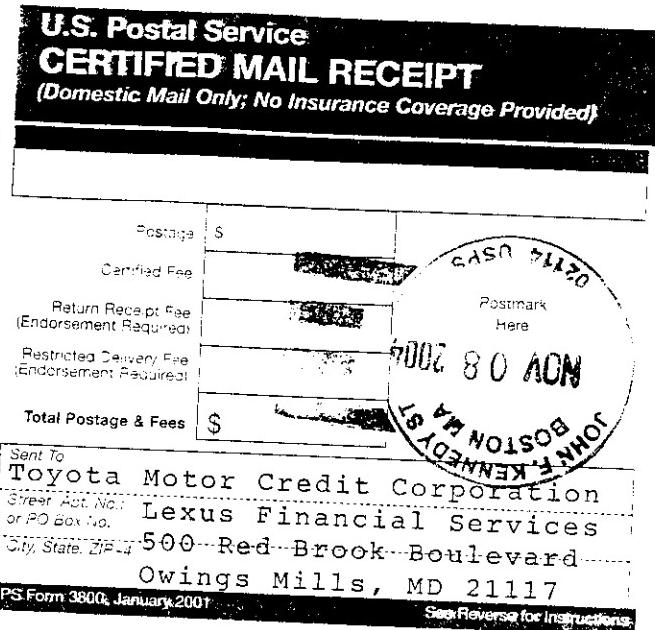




Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-12024-RGS	
DEFENDANT 2001 Toyota Sequoia, et al.,		TYPE OF PROCESS Complaint and Warrant & Motion	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Toyota Motor Credit Corporation, Lexus Financial Services		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 500 Red Brook Boulevard, Owings Mills, MD 21117		
	Send NOTICE OF SERVICE copy to Requester: SHELBY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) <i>complaint and letter sent to them from SC</i> Please serve the attached Preliminary Order of Forfeiture upon the above-named company by certified mail, return receipt requested.			
LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of <i>Shelby D. Wright</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS		Date Oct 8, 2004	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process indicated.		District of Origin No. _____	District to Serve No. _____
		SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:	
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM <i>Please see Remarks below!</i>
		Signature, Title and Treasury Agency <i>Stephen P. Leonard, Forfeitures Officer</i>	
REMARKS: <i>Notice was served as directed above. Copy of Postal receipt # 7001 2510 003 4300 3090 is attached. Receipt indicates delivery date of 11-12-04.</i>			

TD F 90-22.48 (6/96)



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>1. Article Addressed to: Toyota Motor Credit Corp. Lexus Financial Services 500 Red Brook Boulevard Owings Mills, MD 21117</p> <p>2. Article (Trans: 7001 2510 0003 4300 3090)</p> <p>A. Signature  X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Kendall Clark C. Date of Delivery 11-12-04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	